

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2013

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2013</span> |                         | 71359.29                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 170086.98               |                                   |
| (c) Total Receipts (from Line 19) .....   | 48777.64                | 183656.60                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | 218864.62               | 255015.89                         |
| 7. Total Disbursements (from Line 31) .....   | 126705.63               | 162856.90                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 92158.99                | 92158.99                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 01    | / | 2013      |

To:

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 31    | / | 2013      |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40774.14

150329.93

(ii) Unitemized .....

5599.03

25074.34

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

46373.17

175404.27

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

46373.17

175404.27

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

2404.47

8252.33

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

48777.64

183656.60

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

48777.64

183656.60

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 2205.63                       | 8356.86                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 2205.63                       | 8356.86                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 124500.00                     | 154500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.04                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.04                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 126705.63                     | 162856.90                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 126705.63                     | 162856.90                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 46373.17                      | 175404.27                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.04                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 46373.17                      | 175404.23                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 2205.63                       | 8356.86                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 2404.47                       | 8252.33                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | -198.84                       | 104.53                            |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesse E. Adams III, M.D.,**

Mailing Address 1205 Isleworth Dr  
Ste 400

City State Zip Code  
Louisville KY 40245-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Cardiologists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

**Transaction ID : 4A6FAD50312353545C1E**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Syed Nasim Ahmed M.B.B.S.,**

Mailing Address 1704 St Mayeul Dr

City State Zip Code  
Modesto CA 95356-8403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gould Medical Foundation Inc

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : 10F08E27117BE4BC045**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Juan M. Aranda Jr., M.D.,**

Mailing Address 356 Turkey Crk

City State Zip Code  
Alachua FL 32615-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shands at the University of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

**Transaction ID : 4D9C838E7D9593A3F8BF**

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

791.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Herbert D. Aronow M.D., F.A.

Mailing Address 5325 Elliott Dr  
Ste 202

City State Zip Code  
Ypsilanti MI 48197-8633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Heart and Vascular Institute

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 1448BF3B2A6E0ECAAEA

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Bander M.D.

Mailing Address 1200 5th Ave  
Apt 4D

City State Zip Code  
New York NY 10029-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : D2778A7D515BC361544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric R. Bates M.D., F.A.

Mailing Address 840 Cherrystone Ct

City State Zip Code  
Ann Arbor MI 48105-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan Hospitals and H

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

Transaction ID : 40FB906266042650A146

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark G. Berry D.O., F.A.**

Mailing Address 1987 Nicole Rd

City State Zip Code  
Fort Dodge IA 50501-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Heart Center @ Fort Dodge, PC

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2013

Transaction ID : 495554D7DD3F4746A8BE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cathleen Biga R.N.**

Mailing Address 900 S Frontage Rd  
Ste 325

City State Zip Code  
Woodridge IL 60517-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Management of Illinois

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

Transaction ID : 46CB87631CE583125F5F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. William J. Bommer M.D., F.A.**

Mailing Address 4860 Y St  
Ste 2820

City State Zip Code  
Sacramento CA 95817-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Davis, Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

Transaction ID : 46DAAB6C639652DFED1B

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.68



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 9 OF 51

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ralph G. Brindis M.D., M.P.**

Mailing Address 1410 Monterey Blvd

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Foundation Hospital

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 25 / 2013

**Transaction ID : 42F2AEE45953790F11E1**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Alan S. Brown M.D., F.A.**

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Heart SpecialistsEdward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 29 / 2013

**Transaction ID : 4293B756B01D98CEEDCA**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Hollace D. Chastain II, M.D.,**

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 29 / 2013

**Transaction ID : 4C21B938CECE97610EC1**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

283.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard A. Chazal M.D., F.A.**

Mailing Address 671 N Town and River Dr

City

Fort Myers

State

FL

Zip Code

33919-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 07 / 2013

**Transaction ID : 4A989B3FA61A06ADA00D**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Bernard A. Clark III, M.D.,**

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital and Medical Cente

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 21 / 2013

**Transaction ID : 87100BBC9715E0FF1CE**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Bernard A. Clark III, M.D.,**

Mailing Address 114 Woodland St

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital and Medical Cente

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 29 / 2013

**Transaction ID : 4084966D72BA40B1EE92**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

383.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jorge L. P. Constantino M.D., F.A.**

Mailing Address 45 Voyage Dr

City

Glenmont

State

NY

Zip Code

12077-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 27 / 2013

**Transaction ID : 2BCB50A3F66F4CDF9973**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. George H. Crossley III, M.D.,**

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2013

**Transaction ID : 4EFEAC41400933000CC8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Roger D. Des Prez M.D., F.A.**

Mailing Address 5349 Oak Lake Ln

City

Tulsa

State

OK

Zip Code

74131-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2013

**Transaction ID : 0B8EE9A46A123A872CD**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy A. Dewhurst M.D., F.A.**

Mailing Address 5620 W Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-4841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2013

**Transaction ID : 49E7858544A1E6F0EA89**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jigishu Dhabuwala M.D.**

Mailing Address 12230 Broadleaf Ln

City

Alpharetta

State

GA

Zip Code

30005-8948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 01 / 2013

**Transaction ID : D4D6D03322F4D7F3DA3**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Arthur Lee Eberly III, M.D.,**

Mailing Address PO Box 8795

City

Greenville

State

SC

Zip Code

29604-8795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

03 / 25 / 2013

**Transaction ID : 400CB944A3D7870F162C**

Amount of Each Receipt this Period

209.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

809.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Howard J. Eisen M.D., F.A.**

Mailing Address 245 N 15th St

Mail Stop 1012

City

Philadelphia

State

PA

Zip Code

19102-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel University College of Medicine

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 7738882AE22E6E034CC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Blair D. Erb Jr., M.D.,**

Mailing Address 905 Highland Blvd

Ste 4330

City

Bozeman

State

MT

Zip Code

59715-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

710.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2013

Transaction ID : 4C1A960C96F5E7C34A74

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. David M. Evans M.D., F.A.**

Mailing Address 130 Ashlei Ln

City

Searcy

State

AR

Zip Code

72143-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Clinic Arkansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2013

Transaction ID : 49F8B19B87D867B0FC74

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

808.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 51  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chester J. Falterman M.D., F.A.**

Mailing Address 1458 Avellino Cir

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Murfreesboro | TN    | 37130-7608 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.99

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 15    | / | 2013        |

**Transaction ID : 4544869F5B70F9B80F54**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Chester J. Falterman M.D., F.A.**

Mailing Address 1458 Avellino Cir

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Murfreesboro | TN    | 37130-7608 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.99

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2013        |

**Transaction ID : 4829837F50799A532C8C**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James W. Fasules M.D., F.A.**

Mailing Address 2718 Stephenson Ln NW

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20015-1504 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American College of Cardiology

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2013        |

**Transaction ID : 45A28B6A4FF1601137F3**

Amount of Each Receipt this Period

166.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

330.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert J. Ferraro M.D., F.A.**

Mailing Address 5351 Lake Pleasant Rd

City State Zip Code  
Erie PA 16509-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 27 2013

**Transaction ID : DFCAD1A4D9114D5F8EEE**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kevin Fitzpatrick PA-C**

Mailing Address 2400 N St NW  
Heart House

City State Zip Code  
Washington DC 20037-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 18 2013

**Transaction ID : 4050AF291707C8460A6B**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Daniel B. Fram M.D., F.A.**

Mailing Address 40 Candlewood Dr

City State Zip Code  
West Hartford CT 06117-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hartford HospitalCardiac Lab

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 21 2013

**Transaction ID : 762DC01705CCBA0DB32**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

833.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 51  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew M. Freeman M.D., F.A.**

Mailing Address 2321 Hudson St

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Denver | CO    | 80207-3259 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Jewish Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2013        |

Transaction ID : A6793261DA28EFAC196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gordon L. Fung M.D., F.A.**Mailing Address 1837 10th Ave  
# 1609

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| San Francisco | CA    | 94122-4601 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF Medical Center at Mt. Zion

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 07    | / | 2013        |

Transaction ID : 4BC184C0AE2F3B50EEC1

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Carl J. Gessler Jr., M.D.,**

Mailing Address 516 Eustis Ave SE

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Huntsville | AL    | 35801-4112 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Heart Center, PCATTN: Accounts Pay

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2013        |

Transaction ID : A600002334A990A81CF

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2833.33

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 51  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael F. Gilson M.D., F.A.**

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 03    | / | 2013        |

**Transaction ID : 4817BB09DFE418379BA6**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Gold M.D., F.A.**Mailing Address 4 Casey Ct  
# 18

City

Newtown

State

PA

Zip Code

18940-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comprehensive Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2013        |

**Transaction ID : 1184405B4888ECEBF70**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Steven M. Goldberg M.D., F.A.**

Mailing Address 31 Cabriolet Ln

City

Melville

State

NY

Zip Code

11747-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 01    | / | 2013        |

**Transaction ID : D58FBDB88AFB0E38994**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. G. Stephen Greer M.D., F.A.**

Mailing Address 9501 Baptist Health Dr  
Ste 600

City State Zip Code  
Little Rock AR 72205-6231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Cardiology, P.A.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2013

Transaction ID : 1371B1EEF6D2427D29C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Joseph N. Gunasekera M.B.B.S.,**

Mailing Address 574 Calumet Pl  
# P1

City State Zip Code  
Beavercreek OH 45434-6286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dayton Heart Center, Inc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 85287868A02949C558C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Prabhakar R. Guniganti M.B.B.S.,**

Mailing Address 50 Waterford Ct

City State Zip Code  
Nacogdoches TX 75965-8709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nacogdoches Heart Clinic, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 17E94660F1973DE982F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Craig A. Hoover M.D., F.A.**

Mailing Address 6130 N La Cholla Blvd  
Ste 250

City Tucson State AZ Zip Code 85741-3698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pima Heart Associates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2013

Transaction ID : C1D06F887F285669725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel J. Humiston M.D., F.A.**

Mailing Address 1928 Maple Hollow Way

City Bountiful State UT Zip Code 84010-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

03 / 12 / 2013

Transaction ID : 4BF286D2532F1D6FDD88

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Pamela A. Ivey M.D., F.A.**

Mailing Address 52 Quail Run Rd

City Henderson State NV Zip Code 89014-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Consultants of Nevada

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 25 / 2013

Transaction ID : 430BA464FBB7C926E888

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James G. Jollis M.D., F.A.**

Mailing Address 211 Markham Dr

City

Chapel Hill

State

NC

Zip Code

27514-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2013

Transaction ID : D338E8F3910D57386BE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard A. Josephson M.D., F.A.**

Mailing Address 1988 Four Seasons Dr

City

Akron

State

OH

Zip Code

44333-1872

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Case Medical Center/University Hospita

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 95BC7BDA98F4F54C14C

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Rachel D. Keever M.D., F.A.**

Mailing Address 901 Montrose Dr

City

Shelby

State

NC

Zip Code

28150-6064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanger Clinic

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 29 / 2013

Transaction ID : 405F9C65A4912376393D

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 51  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerry D. Kennett M.D., M.A.**

Mailing Address 4614 Copperstone Ct

City  
ColumbiaState  
MOZip Code  
65203-1696FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 4662A5C7AE4866A38318**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Smadar Kort M.D., F.A.**

Mailing Address 65 Mimosa Dr

City  
RoslynState  
NYZip Code  
11576-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook University Medical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 5 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 45BB86CDA779AD6A495B**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Richard J. Kovacs M.D., F.A.**

Mailing Address 38 E 52nd St

City  
IndianapolisState  
INZip Code  
46205-1025FEC ID number of contributing  
federal political committee.

C

Name of Employer

Krannert Institute of Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 1 |   | 2 | 0 | 1 | 3 |

**Transaction ID : 2AB3D686C61677967D0**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1333.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas D. Legalley M.D., F.A.**

Mailing Address 1 Marquette Dr

City

Marquette

State

MI

Zip Code

49855-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Upper Michigan Cardiovascular Associat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : 19A585F07456484C97FC**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stamatios Lerakis M.D., F.A.**

Mailing Address 1365 Clifton Rd NE

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Clinic, Inc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : CA063D9C21B84EEEB636**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas J. Lewandowski M.D., F.A.**

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2013

**Transaction ID : 473B85B9727A84F828D2**

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1708.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sandra J. Lewis M.D., F.A.**

Mailing Address 5342 SW Hewett Blvd

City State Zip Code  
 Portland OR 97221-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NW Cardiovascular Institute

Occupation  
 CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : 40E1B79ADAACEE7F4138**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Sunil V. Mankad M.D., F.A.**

Mailing Address 200 1st St SW

City State Zip Code  
 Rochester MN 55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mayo Clinic

Occupation  
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : 4D179F0743A88E0DFD26**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Joseph E. Marakovits M.D., F.A.**

Mailing Address 96 Stone Hill Dr

City State Zip Code  
 Rocky Hill CT 06067-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bristol Cardiovascular Associates

Occupation  
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : 674E2BBAE2B24F109803**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

416.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dale S. McDowell Jr., M.D.,**

Mailing Address 11215 Merganser Rd

City

Klamath Falls

State

OR

Zip Code

97601-8629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Klamath Heart Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 01 / 2013

Transaction ID : 76FC43F14A7BBBD708D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Donald B. McElroy M.D., F.A.**

Mailing Address 5405 N Knoxville Ave

City

Peoria

State

IL

Zip Code

61614-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

03 / 27 / 2013

Transaction ID : 31EB99FED9F74E83B3EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Andrew L. Mecca M.D., F.A.**

Mailing Address 2315 Myrtle St  
Ste 190

City

Erie

State

PA

Zip Code

16502-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Consultants in Cardiovascular Diseases

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2013

Transaction ID : A418C9F7D5794E638299

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Margo B. Minissian ACNP-BC, M**

Mailing Address 444 S San Vicente Blvd  
Ste 600

City State Zip Code  
Los Angeles CA 90048-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars Sinai Heart Institute Womens He

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.02

Date of Receipt

03 / 21 / 2013

Transaction ID : F0FD9666A815B07D192

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Margo B. Minissian ACNP-BC, M**

Mailing Address 444 S San Vicente Blvd  
Ste 600

City State Zip Code  
Los Angeles CA 90048-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars Sinai Heart Institute Womens He

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.02

Date of Receipt

03 / 25 / 2013

Transaction ID : 4987B87543CB2C66279B

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Marc A. Mugmon M.D., F.A.**

Mailing Address 7193 Collingwood Ct

City State Zip Code  
Elkridge MD 21075-5548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 31 / 2013

Transaction ID : 496F9119AC185662C755

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

2791.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ryan Curtis Nelson M.D.**

Mailing Address 601 Elmwood Ave  
# 679C

City State Zip Code  
Rochester NY 14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strong Memorial HospitalCardiology Dep

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2013

**Transaction ID : 883E92D0492968002D6**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Charles D. O'Shaughnessy M.D., F.A.**

Mailing Address 32411 Nottingham Dr

City State Zip Code  
Avon Lake OH 44012-2192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Ohio Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C232C0D65F8F8A857C3**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Louis M. Papandrea M.D., F.A.**

Mailing Address 7 Durham Ct

City State Zip Code  
Delmar NY 12054-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Cardiology Associates Corporat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : 25B348D21C684F12AC02**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vaughn W. Payne M.D., F.A.**

Mailing Address 145 Hager Ln

City

Staffordsville

State

KY

Zip Code

41256-9144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 29 / 2013

**Transaction ID : 405F94C69B0010B03A43**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John W. Pickrell M.D., F.A.**

Mailing Address 1909 Elkhorn Valley Dr

City

Casper

State

WY

Zip Code

82609-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming CardioPulmonary

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

03 / 18 / 2013

**Transaction ID : 42C08E57CEA58650A644**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. William P. Platko M.D., F.A.**

Mailing Address 300 Health Park Blvd  
Ste 1006

City

Saint Augustine

State

FL

Zip Code

32086-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 27 / 2013

**Transaction ID : 0FFACA4BC8CB4F719840**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1168.33

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 51  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Geetha Raghuveer M.B.B.S.,**

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.02

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 5 |   | 2 | 0 | 1 | 3 |   |   |

**Transaction ID : 4DBDBC6B2AA2CA155C**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. William B. Ricks M.D., F.A.**

Mailing Address 17480 High St

City

Los Gatos

State

CA

Zip Code

95030-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 7 |   | 2 | 0 | 1 | 3 |   |   |

**Transaction ID : 279DA697A5554A0794CA**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Michael E. Ring M.D., F.A.**Mailing Address 122 W 7th Ave  
Ste 450

City

Spokane

State

WA

Zip Code

99204-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Clinics Northwest

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 1 |   | 2 | 0 | 1 | 3 |   |   |

**Transaction ID : EAF20253513B9B65481**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1708.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. George P. Rodgers M.D., F.A.

Mailing Address 11673 Jollyville Rd  
 Ste 205-B

City State Zip Code  
 Austin TX 78759-4200

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 23 2013

Transaction ID : 455F990382C6955A45DF

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Orlando Rodriguez M.D., F.A.

Mailing Address 735 Ave Ponce De Leon

City State Zip Code  
 Hato Rey PR 00917-5026

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

ORV Interventional Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 25 2013

Transaction ID : 4A9FBB46654E13B1F893

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. David A. Rosenbaum M.D., F.A.

Mailing Address 3625 Cherry Plum Dr

City State Zip Code  
 Colorado Springs CO 80920-2826

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pikes Peak Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 27 2013

Transaction ID : 4E34A6A7DD96A62CA0B3

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

375.01

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 51  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S. Rumsfeld M.D., Ph.D**

Mailing Address 250 S Dahlia St

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Denver | CO    | 80246-1049 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver VA Medical Center, University o

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2013        |

**Transaction ID : 4BC18A4BE6BC02C6A2C/**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Daniel J. Schwartz M.D., F.A.**

Mailing Address 11805 Auth Ln

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Silver Spring | MD    | 20902-1642 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : ED7C638E2BB4410781C9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Charlie Willard Shaeffer Jr., M.D.,**

Mailing Address 279 Via Las Palmas

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Palm Springs | CA    | 92262    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Desert Cardiology Consultants Medical

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2013        |

**Transaction ID : 2ADCD52D6EE3C1A6389**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marc E. Shelton M.D., F.A.**

Mailing Address 3700 Vanderbilt Cir  
PO Box 19420

City State Zip Code  
Springfield IL 62711-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Cardiovascular Consultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 25 / 2013

**Transaction ID : 488E82C5CD40FDD2906F**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. M. Eugene Sherman M.D., F.A.**

Mailing Address 5110 S Hanover Way

City State Zip Code  
Englewood CO 80111-6239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Medical Associates, PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

03 / 29 / 2013

**Transaction ID : 432FB0BA5AF6A99C22F4**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**c. John W. Shuck M.D., F.A.**

Mailing Address 1100 Forrest Ave

City State Zip Code  
Dover DE 19904-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

03 / 25 / 2013

**Transaction ID : 4354A2F7B3CF3E759D4E**

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

1541.68

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 51  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/>                | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael E. Silverman M.D., F.A.**Mailing Address 10710 Charter Dr  
Ste 400

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Columbia | MD    | 21044-3276 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Specialists of Central

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Transaction ID : DB7033730B6942B7B388

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. David L. Smith M.D., F.A.**

Mailing Address 4765 Twinbrook Cir

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Doylestown | PA    | 18902-1285 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Bucks Specialists Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Transaction ID : 116149410C7E41A0BF5A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. John S. Strobel M.D., F.A.**

Mailing Address 550 S Landmark Ave

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Bloomington | IN    | 47403-3239 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Internal Medicine Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Transaction ID : CFB139E5D2FF4E6D9EEF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn Swisher M.D., F.A.**

Mailing Address 111 Highgate Pl

City  
Ithaca

State  
NY

Zip Code  
14850-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ithaca Cardiology Assoc

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2013

Transaction ID : CE2A789AA8B0CA02A32

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Suma A. Thomas M.D., F.A.**

Mailing Address 7620 Old Georgetown Rd  
Apt 1214

City

Bethesda

State

MD

Zip Code

20814-6182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

03 / 25 / 2013

Transaction ID : 46FDB6270366695CB930

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Neil W. Trask III, M.D.,**

Mailing Address 945 82nd Pkwy  
Ste 3

City

Myrtle Beach

State

SC

Zip Code

29572-4612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Gastroenterology Assocs PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2013

Transaction ID : 4A43DFB690E84490A4A3

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

708.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles C. Tsai M.D., F.A.**

Mailing Address 7429 River Nine Dr

City

Modesto

State

CA

Zip Code

95356-9221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2013

Transaction ID : F1E7AC34FB874BBB923D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Deborah M. Tsunoda NP**

Mailing Address 15031 Rinaldi St  
PO Box 9600

City

Mission Hills

State

CA

Zip Code

91345-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Holy Cross Medical Center(P

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2013

Transaction ID : 97273AD8DBB9423881A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. E. Murat Tuzcu M.D., F.A.**

Mailing Address 3211 Lander Rd

City

Pepper Pike

State

OH

Zip Code

44124-5444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 21 / 2013

Transaction ID : E16922DE8C8AF37F9DD

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 51  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Juan Villafane M.D., F.A.**Mailing Address 1400 Willow Ave  
1205

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Louisville | KY    | 40204-2506 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2013        |

Transaction ID : 4C02A138A9D19885D5DA

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Thad F. Waites M.D., F.A.**

Mailing Address 1017 Richburg Rd

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Hattiesburg | MS    | 39402-9055 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2013        |

Transaction ID : 4D0B9E7D055467529EC6

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Howard T. Walpole Jr., M.D.,**

Mailing Address 31 Northumberland

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Nashville | TN    | 37215-4123 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 29    | / | 2013        |

Transaction ID : 4E81AEC92990D534E0CE

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)..... ►

708.35

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Norine Walsh M.D., F.A.**

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincent Heart Center of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 29 / 2013

Transaction ID : 4BC49A026889177C34C7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. W. Douglas Weaver M.D., M.A.**

Mailing Address 474 Townsend St

City

Birmingham

State

MI

Zip Code

48009-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 21 / 2013

Transaction ID : BC10F09951EE94FFDBA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Gary D. Webb M.D., F.A.**

Mailing Address 1254 Denbigh Ln

City

Radnor

State

PA

Zip Code

19087-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cincinnati Children's Hospital Medical

Occupation

ADULT CONGENITAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 01 / 2013

Transaction ID : E8F2B23A8A4DA01E9CD

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Harvey J. White Jr., M.D.,**

Mailing Address 1020 El Pueblo Rd NW

City State Zip Code  
Los Ranchos NM 87114-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vessel Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 0E67BFCD79E70A5BD36

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael C. Widmer M.D., F.A.**

Mailing Address 2753 NE Red Oak Dr

City State Zip Code  
Bend OR 97701-8348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

Transaction ID : 484EAF0F3A43E6BE1921

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Joseph N. Wight Jr., M.D.,**

Mailing Address 11 Ironclad Rd

City State Zip Code  
Cape Elizabeth ME 04107-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : 57D38FFA7E4BCA47743

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1333.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kim Allan Williams Sr., M.D.,**

Mailing Address 1135 Shelby St

City  
Detroit

State  
MI

Zip Code  
48226-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 9C6DF2ABFC217B3515E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Joseph S. Wilson Jr., M.D.,**

Mailing Address PO Box 52979

City  
Atlanta

State  
GA

Zip Code  
30355-0979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAG Mutual Insurance Company

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 03E86D3ED8666FA27F0

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**c. Stuart A. Winston D.O., F.A.**

Mailing Address 3055 Cottontail Ct

City  
Ann Arbor

State  
MI

Zip Code  
48103-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Heart, P. C. Michigan Heart &

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 07 / 2013

Transaction ID : 87127620-AFBB-48BB-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. R. Scott Wright M.D., F.A.**

Mailing Address 200 1st St SW

Divide of Crdlgy Gonda 5-477

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 7B6902C30BDADF7EE5C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard F. Wright M.D., F.A.**

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 25 / 2013

Transaction ID : 49DCAE62B20C83D0FD0C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Lambert A. Wu M.D., F.A.**

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 19 / 2013

Transaction ID : 4CE581CA7482EF0C9642

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

40774.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 51

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

8252.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : 3CC10AE949165B76FF3**

Amount of Each Receipt this Period

2404.47

Reimbursement for February Amex Fees and March Merchant Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2404.47

2404.47



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 51

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Phoenix | AZ    | 85072-3852 |

Purpose of Disbursement  
March 2013 Amex Fees

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:   |

|                   |   |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2013        |

Transaction ID : V815133C0DDD46F2D3DA

Amount of Each Disbursement this Period

|        |
|--------|
| 309.80 |
|--------|

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Knoxville | TN    | 37920    |

Purpose of Disbursement  
March 2013 Merchant Fees

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:   |

|                   |   |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 04    |   | 2013        |

Transaction ID : M11F2785D3E0D39299CF

Amount of Each Disbursement this Period

|         |
|---------|
| 1895.83 |
|---------|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:   |

|                   |   |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2205.63

2205.63

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: The Fund for a Greater America**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2013 Contribution

011

Transaction ID : ECFA09E5C4A566EF0C8

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Candidate Name

**AMERIPAC: The Fund for a Greater America**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21014

Purpose of Disbursement  
2014 Primary

011

Transaction ID : 1872E2114067D2B27D1

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

**Andrew P. Harris**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2014 Primary

011

Transaction ID : 16B09464F4F7970070D

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

**Daniel J. Benishek**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bera for Congress**

Mailing Address Post Office Box 582496

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Elk Grove | CA    | 95758    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ameriash B. Bera**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |
| State: CA      | District: 07                              |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : 9CBFFC7190013ECE273**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Bilirakis for Congress**

Mailing Address PO Box 606

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| Tarpon Springs | FL    | 34688-0606 |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Gus Michael Bilirakis**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |
| State: FL      | District: 12                              |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : 4669D047217FF79312F**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address PO Box 8277

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| the Woodlands | TX    | 77387    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Kevin Brady**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |
| State: TX      | District: 08                              |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : EAC42345517241A9F55**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bucshon for Congress**

Mailing Address PO Box 250

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Newburgh | IN    | 47629    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Larry D. Bucshon**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 14    | / | 2013      |

**Transaction ID : 87F4EAB50AFE7218787**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Cantor for Congress**

Mailing Address PO Box 17813

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Richmond | VA    | 23226    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Eric Ivan Cantor**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 14    | / | 2013      |

**Transaction ID : 5727D371425E26ED4F2**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Dave Camp for Congress**Mailing Address 5915 Eastman Avenue  
Suite 100

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Midland | MI    | 48640-6824 |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David Lee Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 27    | / | 2013      |

**Transaction ID : ED0F407BB67C772A66C**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|          |
|----------|
| 12500.00 |
|----------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 14    | / | 2013      |

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution

011

**Transaction ID : 03B20E0E302B949888A**

Amount of Each Disbursement this Period

|          |
|----------|
| 15000.00 |
|----------|

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

State:

District:

Full Name (Last, First, Middle Initial)

**B. Enzi for US Senate**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 27    | / | 2013      |

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : DF2DBDC1928F4F55604**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

**Michael B. Enzi**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY

District:

Full Name (Last, First, Middle Initial)

**C. Every Republican Is Crucial (ERICPAC)**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 14    | / | 2013      |

Mailing Address 25 E Main Street  
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
2013 Contribution

011

**Transaction ID : FC7709C4AC20493C663**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

**Every Republican Is Crucial (ERICPAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|          |
|----------|
| 20000.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends for Jim McDermott**

Mailing Address PO Box 21786

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seattle | WA    | 98111    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Jim McDermott**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 27    |   | 2013        |

**Transaction ID : 7BE0F50EBC83F05226F**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbia | SC    | 29211    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James E. Clyburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 27    |   | 2013        |

**Transaction ID : 90B6840B9AC95825FDE**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Las Vegas | NV    | 89136    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Joseph Heck Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 27    |   | 2013        |

**Transaction ID : FD CD48D45987D968A5D**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 7500.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address PO Box 775

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Unionville | PA    | 19375    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Joseph R. Pitts**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 27    | / | 2013      |

**Transaction ID : 168E307BB4642E2B1FE**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Friends of Max Baucus**

Mailing Address PO Box 586

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Helena | MT    | 59624    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Max S. Baucus**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 27    | / | 2013      |

**Transaction ID : 5AD30DECA020CDAE131**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**Mailing Address 700 13th Street, NW  
Suite 600

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Steny H. Hoyer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 27    | / | 2013      |

**Transaction ID : CDB0C01D45B5D72FBC8**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
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| 12500.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Huffman for Congress 2014**

Mailing Address PO Box 151563

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| San Rafael | CA    | 94915    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Jared William Huffman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : ECC470A1D0B6B81382E**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 8

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Winnetka | IL    | 60093    |

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Mark Steven Kirk**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : BB5878153C13DEA66E2**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Matheson for Congress**

Mailing Address PO Box 521048

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| Salt Lake City | UT    | 84152-1048 |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James David Matheson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

**Transaction ID : 6AA172439DF69054975**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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| 10000.00 |
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Denton | TX    | 76202-2334 |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Michael Clifton Burgess**Category/  
Type

|                |  |  |
|----------------|--|--|
| Office Sought: | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: TX      | District: 26   |  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 27    |   | 2013      |

**Transaction ID : 6CBE26FC022662F14FF**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street SE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**National Republican Congressional Committee**Category/  
Type

|                |   |   |
|----------------|---|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2013<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ Contribution |
| State:         | District:   |   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 14    |   | 2013      |

**Transaction ID : CFA0188A6E47CE16001**

Amount of Each Disbursement this Period

|          |
|----------|
| 15000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**C. New Democrat Coalition Political Action Committee AKA NDC PAC**Mailing Address 700 13th Street, NW  
Suite 600

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**New Democrat Coalition Political Action Committee AKA NDC PAC**Category/  
Type

|                |   |   |
|----------------|---|---|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2013<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ Contribution |
| State:         | District:   |   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 27    |   | 2013      |

**Transaction ID : 1AB03E47364796BBA45**

Amount of Each Disbursement this Period

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|---------|
| 5000.00 |
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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| 25000.00 |
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. People for Enterprise Trade and Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Lane

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Alexandria | VA    | 22306-2754 |

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

People for Enterprise Trade and Economic Growth (PETE PAC)

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 14    | / | 2013        |

Transaction ID : 3FA00B0A22B310CA4DF

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Upton for All of Us**

Mailing Address PO Box 490

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| St. Joseph | MI    | 49085    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Fredrick Stephen Upton

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Transaction ID : 12978E97CC50AFE5A83

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan for Congress**

Mailing Address PO Box 48928

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Sarasota | FL    | 34230    |

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Vernon Buchanan

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2013        |

Transaction ID : 45186356FA16B0CEE1C

Amount of Each Disbursement this Period

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|---------|
| 5000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

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| 15000.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Hood River | OR    | 97031-0037 |

Purpose of Disbursement  
2014 Primary

Candidate Name

**Gregory P. Walden**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 27    |   | 2013        |

**Transaction ID : F0F46B4F89ABAFF51CE**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

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|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| 5000.00 |
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| 124500.00 |
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